



02/16/2005

# Office of Vermont Health Access Pharmacy Benefits Management Program

## Prescriber Announcement

Topic	Message
<b>VScript Expanded Update</b>	Drugs covered by the <b>VScript Expanded Program</b> must meet <u>two criteria</u> . The drug must be a <u>maintenance drug</u> , and the drug manufacturer must sign a Vermont <u>state-specific rebate agreement</u> . When <u>both</u> of these criteria are met the drug is covered in the VScript Expanded Program. The list of participating labelers can be found at <a href="http://www.ovha.state.vt.us/Providers.cfm">www.ovha.state.vt.us/Providers.cfm</a> .
<b>VScript Expanded: Ambien®</b>	<b>Ambien®</b> is manufactured both by Sanofi-Synthelabo, Inc., labeler code 00024 and Pharmacia Corporation, labeler code 00025. The <b>Pharmacia Corporation (00025) has signed a rebate agreement with the State of Vermont. Thus, a prescription for Ambien® filled using this manufacturer's product is covered by the VScript Expanded Program.</b> Prescriptions filled with the product made by Sanofi are <u>not</u> covered at this time nor will they be in the future unless Sanofi signs a Vermont state-specific rebate agreement.
<b>VScript Expanded: Aricept®</b>	<b>The manufacturer of this product, Esai/Pfizer, has very recently signed a Vermont state-specific rebate agreement. Therefore, Aricept® is now covered by the VScript Expanded Program.</b>
<b>ePocrates™</b>  <b>Updated 10/2004</b>	The <b>ePocrates™</b> database for drugs covered under OVHA's programs was <u>updated in October 2004 and January 2005</u> . It will be updated quarterly from now on. <b>ePocrates™</b> offers a free product, <b>ePocrates Rx™</b> , which provides the formularies of several other payers. Visit <a href="http://www.epocrates.com">www.epocrates.com</a> to register, to download an update to your PDA, to get help with the selection of a PDA, for product discounts, and for tech support.
<b>"Lock-in" Information</b> <b>Alexis McLean, RN</b> <b>802-879-5908</b> <b>802-879-5963(Fax)</b>	A <u>Beneficiary Lock-In Request Form</u> and any questions regarding the procedure and process to lock a recipient into one pharmacy or physician can be directed to Alexis McLean, R.N. Alexis is a member of the OVHA Clinical Review Team.
<b>OVHA Website Updates</b>  <b>Clinical Criteria and QuickList</b> <b>Updated 01/2005</b>	<b>OVHA has a new website.</b> Changes have been made to the <u>Pharmacy Benefits Management</u> portion. Past <b>mailings</b> have been renamed to reflect their content and the <b>PA forms</b> on the web page have been reformatted to reflect the parameters set in the new <u>Clinical Criteria Manual</u> . All can be downloaded, printed or viewed at <a href="http://www.ovha.state.vt.us/Preferred_drugs.cfm">www.ovha.state.vt.us/Preferred_drugs.cfm</a> . The Clinical Criteria Manual and QuickList have been hyperlinked for your convenience. Please call Janice VanDyke Corsones at (802) 747-9012 for assistance with downloading these documents.
<b>New SPMI Document and PA Form</b>	The SPMI reference/procedure documents have their own drop-down box on the OVHA website <a href="http://www.ovha.state.vt.us/Preferred_drugs.cfm">www.ovha.state.vt.us/Preferred_drugs.cfm</a> . The SPMI procedure document has been updated and provides current contact information. A SPMI PA form is now available in the PA drop-down box.
<b>Drug News and Updates</b>	<b>Ambien®:</b> Refills are now allowed when 75% of the days supply is exhausted.

<b>Ambien®</b> <b>Insulins</b> <b>Early Refills – PPIs</b> <b>Sanctura®</b> <b>Tamiflu®</b> <b>Spiriva®</b>	<p><b><u>Insulins:</u></b> PA is required for specific insulins as described in the OVHA QuickList. Not all insulin prescriptions need a PA.</p> <p><b><u>Early Refill for a daily dosed PPI drug now requires approval.</u></b> The physician is responsible for calling FHSC (866-435-1199) to obtain authorization for a patient who requests an early refill for a once daily PPI prescription.</p> <p><b><u>Sanctura®:</u></b> The DUR Board voted to allow the prescription of Sanctura® without PA for patients less than 21 years of age.</p> <p><b><u>Tamiflu®:</u></b> In collaboration with the Vermont Department of Health, OVHA has lifted the PA requirement for Tamiflu®.</p> <p><b><u>Spiriva®:</u></b> This drug is new to the market and the PDL. When prescribing, please notify the pharmacist that you would like ipratropium products discontinued after Spiriva is initiated to prevent duplication of therapy.</p>
<b>Pharmacist and Physician Comments</b>	Comments received less than 7 days before a scheduled meeting will be addressed at the next DUR Board. Meetings for 2005 are scheduled for the 2 <sup>nd</sup> Tuesday of every <u>other</u> month, starting with January. See the website for updates.

<b>Over-the-Counter Drug Coverage</b>	
<b>Medicaid and Dr. Dynasaur in fee-for-service or managed care (PCPlus), VHAP Managed Care (PCPlus)</b>	1. Medicaid rebate agreement required. 2. OTCs covered.
<b>VHAP Limited, VHAP Pharmacy</b>	1. Medicaid rebate agreement required. 2. OTC coverage limited to loratadine, Prilosec OTC® and Non-steroidal Anti-inflammatory analgesics (NSAIDS).
<b>VScript, VScript Expanded</b>	1. Maintenance drugs coverage only 2. Medicaid rebate agreement required for VScript and a state only agreement for VScript Expanded. 3. OTC coverage limited to loratadine, Prilosec OTC® and Non-steroidal Anti-inflammatory analgesics (NSAIDS).
<b>REMINDER: OTCs are covered by Vermont's publicly funded health insurance programs when prescribed as part of medical treatment for a health problem. The Generic Drug Law applies when generics are available.</b>	

<p><b><u>Levaquin®:</u> A message from Michael Scovner, M.D., DUR Board member</b></p> <p>In response to numerous letters written in support of maintaining the preferred status of Levaquin®, the DUR has elected to not make any changes at this time.</p> <p>This decision was not made lightly, as in the opinion of ID specialist Dr. C. Grace, the drugs Avelox® and Levaquin® were judged to be therapeutic equivalents. There would have been a significant cost savings to the state of Vermont if Avelox® had been made the exclusive fluoroquinolone.</p> <p>We, as a Board, would like to make the following three recommendations:</p> <ul style="list-style-type: none"> <li>▶ Levaquin® should not be considered in therapy of UTIs. Ciprofloxacin is more effective and far cheaper.</li> <li>▶ Physicians should consider Avelox® when presented with the need to use a fluoroquinolone. Although this is not mandatory, it would represent a cost savings.</li> <li>▶ In order to lessen the likelihood of inducing resistance in a class of antibiotics that may represent our last defense against resistant microbes, other classes of antibiotics should be considered first line in most cases.</li> </ul>
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